



COMBINED
DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)
AND POWER OF ATTORNEY

Declaration
Submitted with
Initial Filing

OR

☐ Declaration Submitted
after Initial Filing
(surcharge (37 CFR 1.16(e))
required)

Attorney Docket Number **1770-300US-1**

First Named Inventor **Jean-Pierre Julien**

Complete if known

Application _____

Filing Date _____

Group Art Unit **1614 - in parent application**

Examiner Name **Spivack, Phyllis G - in parent app.**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A NEW THERAPY STROKE

the specification of which

☒ is attached hereto.

OR

☐ was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/330,599	10/25/2001
10/279,725	10/25/2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**

Direct all correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Jean-Pierre

Julien

Inventor's Signature

Jean-Pierre Julien

Date

17 MAY 2004

Residence: City

Québec

State

Québec

Country

Canada

Citizenship

Canadian

Post Office Address

955 Chemin Saint-Louis

City

Québec

Province or State

Québec

Postal Code Or Zip

G1S 1E1

Country

Canada

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (10-00)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Jasna

Kriz

Inventor's Signature

Date

Residence:

City

Québec

State

Québec

Country

Canada

Citizenship

Croatian

Post Office Address

985 Chemin Saint-Louis

City

Québec

Province
or State

Québec

Postal Code
Or Zip

G1S 1E1

Country

Canada

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City

State

Country

Citizenship

Post Office Address

City

Province
or State

Postal Code
Or Zip

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence:

City

State

Country

Citizenship

Post Office Address

City

Province
or State

Postal Code
Or Zip

Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.